

Customer ID _____

Date _____



Riverside Public Library
Juvenile Application for Library Card

PARENT/GUARDIAN: I give my child permission to have a library card. I will be responsible for all items borrowed and charges incurred on this card. I understand that my child will have unrestricted access to all resources, both in print and electronic, in the library. Any restriction of my child's use of library resources rests with me. No one but my child may use this card.

Signature in Ink of Parent / Guardian _____

PRINT Last name (Parent)		First name	Driver's License No.		
Residence:	Number/Street, Apt./Space	City	County	State	Zip

<i>Mailing Address</i>	Number/Street, Apt./Space	City	County	State	Zip
<i>(if different than residence)</i>					

Home phone: _____ Work phone: _____

E-mail Address: _____

May we contact you by e-mail with Library information: Yes _____ No _____

PRINT Child's Last name	First name	Middle name		
Address:	Number/Street, Apt./Space	City	County	State Zip

Telephone: _____ Gender: M / F Birth date: ____ ____ ____ Grade: ____

County child lives in (if not living in Riverside County): _____

Does child live inside Riverside City limits? Yes _____ No _____ Don't Know _____

Optional information for child. Please take a few minutes to answer the following question, which will be very useful in planning Library programs and services. All information is treated confidentially. Thank you!

Language Preferred:

English _____	Spanish _____	Vietnamese _____
Korean _____	Chinese _____	Japanese _____
Other _____		

STAFF ONLY

ON THE FLY

COMPLETION

_____ Staff	_____ Date	_____ Class	_____ Qualifer	_____ Staff	_____ Date
-------------	------------	-------------	----------------	-------------	------------